

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

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JUL 24 2018

NEW HAMPSHIRE TATE

| I. Name of Lobbyist(s) Stuart D. T | NEW HAMPSHIR | | |
|---|--|--|-------------------------------|
| II. Name of lobbyist's partnership, fir | DEPARTMENT OF S | | |
| | - | | |
| (Name of partnership, | firm or corporation) | | ···· |
| Two Eagle Square, Suite 300 | Concord | NH | 03301 |
| Business Address: (Street) | (Town/City) | (State) | (Zip Code) |
| (603) 520-0822(603 |) | email_strachy@aol.com | |
| (Telephone) | (Fax) | | |
| III. This statement covers: (Choose or | | | a separate report for |
| reportable expense transactions which | n are not attributable t | to any one client). | |
| All reportable transactions occurring | g in the months prior to | the reporting date relative to the fol | lowing client: |
| NH Chapter - National Associat | ion of Social Worke | ers | |
| • | e of Client as it appears | s on the Lobbyist Registration Form) | |
| OR All reportable transactions by the l unrelated to any particular client. | obbyist (including the lo | obbyist's family), or the lobbying fire | m listed below which are |
| IV. Date of Report April 25, 2018 Reports cover: activity from date of re October 31, 20 | gistration to 3/31/18 | July 25, 2018 [k] activity from 4/1/18 to 6/30/18 January 30, 2019 □ | |
| activity from 7/1/18 | | activity from 10/1/18 to 12/31/18 | 3 |
| V. There have been no fees received a If this box is checked, complete just this Concord, NH 03301. | nd no reportable trans form and submit it to th | sactions made since the last report ne Secretary of State's Office, State I | - 🔲 House, Room 204, |
| If you have paid an honorarium Expense Reimbursement | ade expenditures, you r m or reimbursed expens | must file Addendum A— Fees and E ses, you must file Addendum B— Re ontributions, you must file Addendu | port of Honorariums or |
| Sworn Statement/Affirmation by Lob I have read RSA 15, RSA 15-B and RS. the best of my knowledge and belief. (Signature of lobbyist) | byist A 664 and hereby swear | | ation is true and complete to |
| Stuart D. Trachy (Print Name of lobbyist) | | | |



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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| I. N | ame of Lobbyist(s) Stuart D. Trachy | | DEPARTMENT OF |
|---|---|---|---|
| 11. [| Name of lobbyist's partnership, firm or corporation, if any: | | |
| | (Name of partnership, firm or corporation) | | |
| III. | Name of Client NH Chap National Assoc. of Social Workers | Date <u>July 17, 2018</u> | <u> </u> |
| Indi incl | Fees Received cate the gross amount of all fees received from the client identified above the uding fees for services such as public advocacy, government relations, nitoring legislation, and related legal work. The gross fee amount reported shapes | or public relations s | ervices including research |
| a) | Total of all fees received in this reporting period . | a) \$ <u>2250</u> | |
| b) | Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year | b) \$ <u>2250.</u> r) | |
| c) | Total of all fees received to date (Add lines a and b) | c) \$ <u>4500.</u> | |
| d) | Indicate the amount of any such fees that are due, but have not yet been paid | i d) \$ | _ |
| Lob repo unro cate and mea give less; any to b rece | Expenses: abyist(s)/Lobbying partnerships, firms, or corporations are required to report orts are to be filed for expenditures made relative to each client and if expendituded to any one client a separate report may be filed for the lobbyist(s)/figories of expenses: (a) the aggregate total of all expenses paid during the reportice expenses; (b) the aggregate total of all individual expenses where the als purchased during a business lunch where the cost was \$25.00 or less, pure to the person being lobbied, purchase of a ceremonial object given to a country; and (c) an itemized statement of each individual expenditure made during purpose not covered by (a) (for example: purchase of a meal with value of get given to the subject of lobbying with a value greater than \$25, but not greater than). Expenses for honorariums, expense reimbursement, or political contribution of the reported on Addendum A. | ditures are made by rm. Expenses are to porting period for salar expenditure was of \$\frac{3}{2}\$ hase of a pen with a vector being lobbied this reporting period greater than \$25, pure ter than \$50, restaurants. | the lobbyist(s)/firm that are be reported in one of three uries, benefits, support staff \$25.00 or less (for example value of less than \$10 that if with a value of \$25.00 of d of greater than \$25.00 for hase of a ceremonial object int expenses for a legislative |
| a) | Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a) \$ <u>2218.50</u> | |
| b) | Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$ | |

c) \$ ____

c) Total of all itemized expenditures reported in detail in section VI.

| d) | (Add lines a, b and c) | d) \$ <u>2218.50</u> |
|------|---|--|
| c) | Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$ <u>2213.33</u> |
| f) | Total of all expenses year to date | F) \$ 4431,83 |
| Pro | Other Expenses: vide the following detail for all expenditures of more than \$25 made from lob luding by whom paid or to whom charged. | bying fees during this reporting period, |
| Pai | d: | Amount: |
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| | | s |
| _ | | \$ |
| | | s |
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| | | |
| | , <u></u> | |
| Sw | orn Statement/Affirmation by Lobbyist | |
| is t | ave read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the rue and complete to the best of my knowledge and belief. | foregoing information |
| 4 | Frate Vialky July | 17, 2018 |
| | gnature of lobbyist) | (Datc) |
| | uart D. Trachy int Name of lobbyist) | |
| (rr | mi ivanie uz tuouyist) | |

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